Case Number:	CM15-0162568		
Date Assigned:	08/28/2015	Date of Injury:	01/26/2015
Decision Date:	09/30/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/19/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 41 year old female who sustained an industrial injury on 01-26-15. Initial complaints and diagnoses are not available. Treatments to date include medications and physical therapy. Diagnostic studies are not addressed. Current complaints include pain that radiates to the bilateral legs. Current diagnoses include neck pain, right ankle spasm, right hand pain, and right knee spasm. In a progress note dated 06-11-15 the treating provider reports the plan of care as medications including ranitidine, ibuprofen, and methocarbamol, as well as continued physical therapy, a lumbar epidural steroid injection, MRIs of the lumbar spine and right hand-wrist, a knee brace and wrist splint. The requested treatment includes a hinged knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 Hinged Knee Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Knee brace.

Decision rationale: Pursuant to the official disability guidelines, one hinged knee brace is not medically necessary. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear or MCL instability, but in some patients and knee, brace can increase confidence, which may indirectly help the healing process. In all cases, prices need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. In this case, the injured worker's working diagnoses are neck pain; right ankle spasm; right knee pain; right hand pain and illegible last diagnosis. Subjectively, the injured worker complains of neck pain and low back pain. Low back pain radiates to the bilateral legs. There are no subjective knee complaints. Objectively, physical findings are noted at the lumbar spine with decreased range of motion. Sensation is reduced to touch and pinwheel. There is no physical examination of the knee. There is no clinical indication or rationale for a knee brace. The only finding in the medical record documentation is "knee pain" in the diagnosis section. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical documentation to support the need for a knee brace, one hinged knee brace is not medically necessary.